

## DISABILITY ACCOMMODATION REQUEST BY EMPLOYEE

Please type or print a response to each of the items below, in accordance with the attached instructions. Return the completed form and attachments to your departmental Accommodation Coordinator or other designated official. The information you submit will be treated as confidential to the extent permitted by law. Please note that **your request cannot be processed unless you attach a copy of your Position Description (CS-214) and medical documentation of your disability.** For further information, refer to **Civil Service Regulation 1.04, "Reasonable Accommodation."** A copy is available from your Accommodation Coordinator.

1. Name	2. Employee's Identification Number	3. Department/Agency
4. Working Title	5. Civil Service Classification	6. Bargaining Unit (if any)
7. Work Address (home address if on leave)		8. Telephone Numbers Work Home
9. Describe your current job duties that require an accommodation because of a disability. (Attach a copy of your current Position Description [CS-214].)		
10. My disability is a: <input checked="" type="checkbox"/> (Check as appropriate.) <input type="checkbox"/> Mental Characteristic <input type="checkbox"/> Physical Characteristic		
11. Describe the functional limitations caused by your disability for which you are requesting an accommodation. Use additional pages, if necessary. (Attach medical documentation.)		
12. Describe any accommodations that you believe would minimize or eliminate the functional limitations listed above. Include any available information relating to cost, source, name of device, etc.		
13. Date Submitted	14. Name of Immediate Supervisor	15. Employee's Signature

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## CONFIDENTIALITY

Information in your request will be held confidential to the extent allowed by law.

Information obtained or generated in processing your request may be released to individuals or agencies participating in the evaluation of your request.

## INSTRUCTIONS FOR COMPLETING THE DISABILITY ACCOMMODATION REQUEST FORM

To be completed by the employee and returned to the designated departmental official.

(Consult your department's Accommodation Coordinator or other designated official for assistance, if necessary.)

<u>Questions</u>	<u>Instructions</u>
Questions 1-8	Complete all personal information that is applicable.
Question 9	Describe which job duties you are (or anticipate) having difficulty performing because of your disability. A current Position Description (CS-214) must be attached. Contact your personnel office if you need a copy.
Question 10	Indicate whether the nature of your disability is mental, physical, or both.
Question 11	Describe the functional limitations of your disability which interfere (or may interfere) with performing the duties of your job. Please attach medical documentation regarding your disability and functional limitations.
Question 12	Describe the accommodation(s) you are requesting. Please provide alternative accommodation suggestions, where possible. Include past accommodations, if relevant, and any specific information relating to cost, source, name of device, etc., that you may have.
Question 13	Enter the date you submit this completed form.
Question 14	Enter the name of your immediate supervisor.
Question 15	Sign the form. If you are unable to sign the form, your designated representative may sign on your behalf.

## FILING BY EMPLOYEE

Make three copies of this form. Keep one copy and submit the signed original and one copy of the form to your department's Accommodation Coordinator or other designated official.

## RESPONSE TIME

A final response to your request should be given to you within eight weeks after the date your completed accommodation request is received. If necessary, follow up with your Accommodation Coordinator or other designated official.

## APPEAL

If you are dissatisfied with the final response of the Accommodation Coordinator or the Accommodation Coordinator fails to issue a final response within eight weeks, you may appeal through the appropriate grievance procedure or take other action as authorized by law.